



Ohio Department of Commerce



Medical Marijuana Control Program (MMCP)

Cultivator Application – Filing Packet Notarized Cover Sheet

Instructions are provided in a separate document: Cultivator Application – Request for Applications / Instructions Packet (MMCP-C-1000).

Acknowledgement and Notarized Signature

I hereby acknowledge that knowingly making a statement that is untrue or which is intended to mislead the Medical Marijuana Control Program (MMCP), the Department of Commerce, the State Board of Pharmacy, or the State Medical Board, or any person designated by the State of Ohio in the performance of their official function is a violation of Chapter 3796 of the Revised Code. As the duly authorized representative of the applicant, I hereby attest to the accuracy to the best of my knowledge of the submitted information on this application and make the submitted certifications on behalf of the applicant.

I hereby acknowledge that this application was formulated with the assistance of outside consultants knowledgeable in the industry. If applicable, please include the information requested below regarding the individuals or entities that provided this assistance.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-referenced organization harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Please verify the application level and submit the corresponding, non-refundable application fee:

Level I: I understand and am prepared to submit the non-refundable application fee of \$20,000 at the time of submission of this application. By checking this box, I acknowledge that the applicant and any person possessing a financial interest in the applicant, as defined in O.A.C. 3796:1-1-01, is prohibited from applying as a Level II cultivator. (3796:5-1-01)

-OR-

Level II: I understand and am prepared to submit the non-refundable application fee of \$2,000 at the time of submission of this application. By checking this box, I acknowledge that the applicant and any person possessing a financial interest in the applicant, as defined in O.A.C. 3796:1-1-01, is prohibited from applying as a Level I cultivator (3796:5-1-01).



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Business Represented:		
First Name	M.I.	Last Name
Signature		
<b>Application Assistance Information</b>		
Name of Company Providing Application Assistance (If individuals, please provide information below)		
First Name	M.I.	Last Name
Address		
Type of Compensation for Services (e.g., future interest, equity stake, reoccurring payment, etc.)		
Signature of Responsible Party		

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

\_\_\_\_\_

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Cultivator Application – Filing Packet Section 1 Identifiable Information Checklist

Section	Description	Completed (✓)
<b>Application Cover Sheet</b>		
-	Acknowledgement and Notarized Signature	
<b>Section 1: Identifiable Information Section</b>		
1A	Business Entity and Contact Information Form	
1B	Liquid Assets Form	
1C	Financial Responsibility Form – Insurance	
1D	Financial Responsibility Form – Escrow / Surety	
1E	Property Owner Approval for Use Form	
1F	500 Foot Compliance Cover Page	
1G	Notice of Proper Zoning Form	
1H	Zoning Permit Cover Page	
1I	Owners and Officers Roster Form	
1J	Organizational Chart Cover Page	
1K	Individual Background Information Form (Include copy for each person listed on Attachment 1I)	
1L	Business in Other Jurisdictions Form	
1M	Copies of Licenses from Business in Other Jurisdictions Cover Page	
1N	Tax Payment Records Cover Page	
1O	Disadvantaged Group Applicant Form	
1P	Entity Identifier Legend Form	
1Q	Trade Secret and Infrastructure Record Notification Form	



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Cultivator Application – Filing Packet - Section 1: Identifiers

Instructions are provided in a separate document titled Cultivator Application – Request for Applications/ Instructions Packet (MMCP-C-1000).

1A Business Entity and Contact Information Form

Business Entity Information						
1. Legal Name of Applicant (3796:2-1-02(B)(2)(a)):						
2. Trade Name of Applicant:						
3. Type of Organization/ Applicant Business Type (3796:2-1-02(B)(2)(b)):						
<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Association/ Cooperative	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other: _____
4. Ohio Secretary of State Business Identification Number (3796:2-1-02(B)(2)(c)):						
5. Business Address:						
6. City:				7. State:	8. Zip Code:	
9. Proposed Facility Physical Address (if different than above) (3796:2-1-02(B)(2)(d)):						
10. City (if different than above):				11. State: Ohio	12. Zip Code:	
13. Business Phone Number:		14. Email Address:				
Primary Contact or Registered Agent Information						
15. First Name			16. M.I.	17. Last Name		
18. Title (i.e., Owner, President, etc.)						
19. Mailing Address (if different than Business Address):					20. City:	



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21. State:	22. Zip Code:	23. Phone Number:	
24. Email Address (if different than Business Email):			
<b>(Optional) Alternative Contact Information</b>			
25. First Name	26. M.I.	27. Last Name	
28. Title (i.e., Owner, President, etc.)			
29. Mailing Address (if different than Business Address):			30. City:
31. State:	32. Zip Code:	33. Phone Number:	
34. Email Address (if different than Business Email):			
<b>Identifying Tax Information</b>			
35. FEIN/SSN		36. CAT Account #	
37. Vendor's License #		38. Employer Withholding Account #	
39. Other Accounts at the Department of Taxation			



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1B Liquid Assets Form

3796:2-1-03(A)(1), 3796:2-1-03(B)(5)(c)

<b>To be Completed by Applicant</b>	
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:	
<b>To be Completed by Applicant or CPA</b>	
<input type="checkbox"/> Level 1: I hereby certify the above listed Applicant has at least \$500,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets.	
-OR-	
<input type="checkbox"/> Level II: I hereby certify the above listed Applicant has at least \$50,000 in liquid assets, which are unencumbered and can be converted within 30 days after a request to liquidate such assets.	
Date of Certification (must be within 30 days of Application submission) (3796:2-1-03(B)(5)(c)(ii),:	
Printed Name of CPA or Applicant	CPA Company Name (if applicable)
Phone Number:	Signature:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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Medical Marijuana Control Program (MMCP)

1C Financial Responsibility Form - Insurance

3796:2-1-03(B)(5)(d), 3796:2-1-05(B)(1)

<b>To be Completed by Applicant</b>	
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:	
<input type="checkbox"/> I hereby certify the intent to purchase insurance coverage and terms of insurance required and approved by the Department of Commerce, including, but not limited to, products liability and general liability, prior to the issuance of a certificate of operations, if such products are in existence at the time of issuance or the time of renewal.	
<b>-OR-</b>	
<input type="checkbox"/> I hereby certify insurance coverage has been purchased with terms of insurance required and approved by the Department of Commerce, including, but not limited to, products liability and general liability, prior to the issuance of a certificate of operations. Coverage documentation is ATTACHED to this application following this form.	
Date:	Signature:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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1D Financial Responsibility Form – Escrow / Surety

3796:2-1-02(B)(6)(d), 3796:2-1-05(B)

<b>To be Completed by Applicant or CPA</b>	
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:	
Type of Security:	
<input type="checkbox"/> Escrow Account (3796:2-1-05(B)(2))	<input type="checkbox"/> Surety Bond (3796:2-1-05(B)(3))
<input type="checkbox"/> Level I: I hereby certify the ability of the above listed Applicant to establish and maintain an escrow account or surety bond in the amount of \$750,000, consistent with the Level I application requirements, prior to being awarded a Cultivator Certificate of Operations.  -OR-  <input type="checkbox"/> Level II: I hereby certify the ability of the above listed Applicant to establish and maintain an escrow account or surety bond in the amount of \$75,000, consistent with the Level II application requirements, prior to being awarded a Cultivator Certificate of Operations.	
Surety Insurance Company Name (if applicable) (3796:2-1-05(C)):	
Printed Name:	CPA Company Name (if applicable):
Phone Number:	Signature:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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Medical Marijuana Control Program (MMCP)

1E Property Owner Approval for Use Form

3796:2-1-02(B)(2)(h)

<b>To be Completed by the Applicant</b>		
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:		
Physical Address and Name of Proposed Medical Marijuana Cultivator Facility:		
City:		County:
State: <b>Ohio</b>	Zip Code:	Phone Number:
Legal Description of the Property:		
<b>To be Completed by the Owner of the Physical Address of the Proposed Cultivator</b>		
Name of Owner of the Physical Address of the Proposed Medical Marijuana Cultivator Facility:		
Length of Lease/ Expiration:		
<input type="checkbox"/> The individual or entity applying for a Medical Marijuana Cultivator Certificate of Operations is the owner of the physical address of the proposed Medical Marijuana Cultivator. -OR- <input type="checkbox"/> The owner of the physical address of the proposed Medical Marijuana Cultivator gives permission to the individual or entity applying for a Medical Marijuana Cultivator Certificate of Operations to operate a Medical Marijuana Cultivator facility at the physical address.		
PROPERTY OWNER SIGNATURE		DATE SIGNED

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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## Medical Marijuana Control Program (MMCP)

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### **1F 500 Foot Compliance Cover Page**

3796:2-1-02(B)(2)(i), 3796:2-1-03(A)(3)

Attach a location map of the area surrounding the proposed cultivator facility. Include representation of the area within at least a 750 foot radius of the proposed facility in all directions. Identify the relative locations of any prohibited facilities on the map, establishing the facility is at least 500 feet from the boundaries of any parcel of nearby real estate having situated on it a prohibited facility, as measured under rule 3796:5-5-01 of the Administrative Code.

At a minimum, the location map should include representation of any of the following prohibited facilities, as defined in ORC 3796.30:

- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary school (as defined in ORC 5104.01 and 2950.034);
- Church (as defined in ORC 1710.01);
- Public library (as defined in ORC Chapter 3375);
- Public Playground (including state or local government property); and
- Public Park (including state or local government property).

**Include this cover page with the appropriate attachment.**

**Map may be divided into 8.5x11 page sections or may be folded to fit into an 8.5x11 packet.**

**Map must be clearly labeled and legible.**



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1G Notice of Proper Zoning Form

3796:2-1-02(B)(2)(k)

<b>To be Completed by Applicant</b>		
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:		
Physical Address and Name of Proposed Medical Marijuana Cultivator Facility:		
City:		County:
State: <b>Ohio</b>	Zip Code:	Phone Number:
<b>To be Completed by Zoning Authority or Local Government</b>		
Jurisdiction of Zoning Office or Local Government		
<input type="checkbox"/> The Applicant has applied for local zoning approval to operate a Medical Marijuana Cultivation facility at the address listed above. <b>(If Permit Issued, include as Attachment 1H.)</b> <input type="checkbox"/> The Applicant complies with local zoning laws and regulations to operate a Medical Marijuana Cultivation facility at the address listed above at this time. <input type="checkbox"/> The area of _____ has no local moratorium on Medical Marijuana facilities in place at this time. (3796:2-1-03(A)(4)) <input type="checkbox"/> The area of _____ has no zoning in place at this time.		
Printed Name of Authorized Zoning Representative:		Title:
Signature:		

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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### 1H Zoning Permit Cover Page

3796:2-1-02(B)(2)(k)

Applicant has received local zoning approval and was issued a permit. Permit is attached after this cover page.

No permit is attached.

**Mark one of the boxes above.**

**Include this form in application even if no permit is attached.**



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II Owners and Officers Roster Form

3796:2-1-02(B)(2)(e)

<b>To be Completed by Applicant</b>			
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:			
I certify, to the best of my knowledge, that the following requirements comply as to the date of the application:			
<input type="checkbox"/> No owner or officer is a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code.			
<input type="checkbox"/> No owner or officer has ownership, financial interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or is an applicant for a license to conduct laboratory testing.			
I certify, that I acknowledge the following condition of the review of my application:			
<input type="checkbox"/> No owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one person’s application or entity’s application, the Department of Commerce will remove both applications from consideration.			
<i>Provide the following list for every individual who has an ownership interest or financial interest, either directly or indirectly through an entity, as defined in O.A.C. 3796:1-1-01, in the Applicant’s business or will directly or indirectly participate in the management of the operation. If the financial interest is in an entity, provide the individuals with an equity or profit interest in the entity. Attachment 1K is to be completed for each individual listed. Entries in the Identifier Legend column (Person A, Person B, etc.) must be used in place of an individual’s name if that individual is referenced in Section 2 of the application.</i>			
Identifier Legend	Name (First, Middle, Last)	Role	% Interest
<i>Ex: Person A</i>	<i>John Q. Public</i>	<i>Owner</i>	<i>5%</i>



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1I (cont'd) Owners and Officers Roster Form (Optional extra form page)

Additional			
Identifier Legend	Names (First, Middle, Last)	Role	% Interest



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## Medical Marijuana Control Program (MMCP)

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### **1J Organizational Chart Cover Page**

3796:2-1-02(B)(2)(e), 3796:2-1-03(B)(1)(b)

Submit an organizational chart of the proposed cultivation business. At a minimum, include representation of all principal officers, board members, and any other individual associated with the cultivation business.

Names on the organizational chart should match those listed on Attachment 1I.

Organizational chart should be represented on 8.5 x 11 pages and may use multiple pages to represent all individuals. Chart may be presented either in portrait or landscape views.

**Chart should be clearly marked and legible.**

**Include this cover page.**



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1K Individual Background Information Form

(3796:2-1-02(B)(2), 3796:2-1-03(A))

To be Completed by each Individual Owner or Officer as listed on Attachment 1I		
Name of Individual		Date of birth:
Title (if applicable)	Role (Owner, Officer, etc.)	
Mailing Address		
City:	State:	Zip Code:
Phone Number:	Email Address:	

I understand that the Department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program, I hereby authorize the release of any and all information of a confidential or privileged nature to the Department and its agents (3796:2-1-02(B)(2)(f)).

I certify that I have not been convicted of any disqualifying offense as described in Chapter 3796 of the Ohio Administrative Code (3796:2-1-03(A)(2)(a)).

I certify that I am not a physician who has been certified or applied for certification to recommend medical marijuana under Chapter 4731.30 of the Revised Code (3796:2-1-03(A)(2)(b)).

I certify that I have no ownership investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Administrative Code or an applicant for a license to conduct laboratory testing (3796:2-1-03(A)(5)).

I certify that I acknowledge that no owner or officer may have a financial interest in more than one provisional license or cultivator certificate of operation at any time (3796: 2-1-04(D)). If any owner or officer is included on more than one applicant’s application, the Department will deny both applications.

I certify that I am in compliance with all provisions of Chapter 3796. of the Administrative Code regarding prohibited license holders and that the information I have provided is true and correct.

I hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release information to the Ohio Department of Commerce. These records and information shall be limited to the information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, which would otherwise prohibit disclosure, and agree to hold the above-





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referenced organizations harmless with respect to the disclosure herein. I certify under the penalties of perjury that I am the taxpayer identified below.

Signature:

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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1L Business in Other Jurisdictions Form

3796:2-1-02(B)(2)(g)

To be Completed by Applicant			
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:			
Provide information regarding all other medical marijuana licenses, permits, or registrations ever held, current or expired, by the Applicant in any other U.S. jurisdiction (Attach copies of this form to list any additional entities):			
State	Type	Dates of Issue/Expiration	Number
<input type="checkbox"/> I certify that, to the best of my knowledge, no owner or officer has received any revocation or suspension for any licensure related to the distribution of marijuana.(3796:2-1-02(B)(2)(j)(iii))			
<input type="checkbox"/> I hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Ohio Medical Marijuana Control Program any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of marijuana in any form, including the following: <ol style="list-style-type: none"> <li>Any denial, suspension, revocation or other significant sanction of the application, license, or authorization, and</li> <li>A copy of documentation so indicating; or</li> <li>A statement that the applicant was so licensed or authorized and was never sanctioned. (3796:2-1-02(B)(2)(j)(ii))</li> </ol>			
<input type="checkbox"/> I certify that, to the best of my knowledge, the attached documentation indicates proof of tax compliance for individuals and businesses at the state level for all jurisdictions outside the State of Ohio in which applicant has operated as a business. Acceptable documentation includes tax summary pages or a valid certification indicating tax compliance issued by the appropriate taxation authority. This documentation shall be provided for every person or entity with a financial interest of one percent or greater in the applicant covering the three years before the filing of the application. **Please note that any information provided by the applicant, including tax returns from other jurisdictions, would be considered a “public record” as defined in R.C. 149.43(A)(1).**			



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Signature:	Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

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## Medical Marijuana Control Program (MMCP)

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### **1M Copies of Licenses from Business in Other Jurisdictions Cover Page**

3796:2-1-02(B)(2)(j)(i)

Applicant has licenses from one or more businesses in other jurisdictions. License copies are attached after this cover page.

No license copies are attached.

**Mark one of the boxes above.**

**Include this form in application even if no license copies are attached.**



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### **1N Tax Payment Records Cover Page**

3796:2-1-02(B)(6)(e), 3796:2-1-03(A)(6), 3796:2-1-03(B)(5)(e)

Attach a record of tax payments in the form of tax summary pages for individuals and businesses at the state and federal level and in all jurisdictions in which an applicant has operated as a business for every person with a financial interest of one percent or greater in the applicant for the three years before the filing of the application.

**Include this cover page.**



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10 Disadvantaged Group Applicant Form

3796:2-1-03(C)(1)(a), 3796:2-1-03(C)(4)(a)(i), 3796:2-1-03(C)(4)(b)

<b>To be Completed by Applicant</b>	
Name of Individual or Entity Applying for a Medical Marijuana Cultivator Certificate of Operations:	
<b>Indicate which (if any) of the following additional criteria apply:</b>	
<input type="checkbox"/> I certify that the principal place of business and headquarters of this organization is Ohio. (3796:2-1-03(C)(1)(a))	
<input type="checkbox"/> I certify that the applicant’s business is owned and controlled by a U.S. citizen who is a resident of Ohio and is a member of one of the economically disadvantaged groups set forth in division (C) of section 3796.09 of the Revised Code. For purposes of this section, “owned and controlled” means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:2-1-03(C)(4)(a))*	
<input type="checkbox"/> I certify that the applicant’s business is owned and controlled as a woman-owned business by a U.S. citizen who is a resident of Ohio. principal place of business and headquarters of this organization is Ohio. For purposes of this section, “owned and controlled” means that at least fifty-one percent of the business, including corporate stock in a corporation, is owned by persons who belong to one or more of the groups set forth in the rule, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796:2-1-03(C)(4)(b))	
Note: Additional criteria, as described in 3796:2-1-03, may be submitted in Section 2 of the Ohio Cultivator Application Filing Packet. See MMCP-C-1001B,	
Signature:	Date

\* The members of the economically disadvantaged groups must be identified in Form 11 along with their percentage of ownership.



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1P Entity Identifier Legend Form

In addition to Form 1I Owners and Officers Roster Form for individuals, entries in the Entity Identifier Legend must be used in place of an entity’s name for any entity that is referenced in Section 2 of the application.

Table with 2 columns: Identifier Legend, Entity Name. Includes example rows for 'Entity A' (ACME Construction) and 'Entity B' (Capital Investors, LLC).



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**1Q Trade Secret and Infrastructure Record Notification Form**

The undersigned is an Applicant for a medical marijuana cultivator license. The Applicant understands that the Department of Commerce is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.

While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.

Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.

Applicant understands that there are additional requirements in order to claim a trade secret or infrastructure record exception. Applicant understands that materials consisting of trade secrets or infrastructure records must be clearly marked, specifying the pages of the application submission that are to be restricted and justifying the trade secret designation or infrastructure designation for each item.

Signature of Person or Authorized Representative

Date

Printed Name of Applicant